

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26022

1. PLACE OF DEATH

County Madison

Registration District No. 236

File No.

Township 27

Primary Registration District No. 4143

Registered No. 11

City 2 (No. 1)

St.

Ward

2. FULL NAME

(a) Residence, No. Jacob Gruloud Graham

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

Elmer Gruloud Graham

(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12 - 1883

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

75

10

13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Day laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gen

MOTHER FATHER

13. NAME Tom Graham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gen

15. MAIDEN NAME Mary Grace

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gen

17. INFORMANT (ADDRESS) Mary Gruloud

18. BURIAL, CREMATION, OR REMOVAL

PLACE Staplewell

DATE 8/29

19. UNDERTAKER (ADDRESS) Barker

20. FILED 8/29

1933

W R Rely

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-18-33

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1933 to Aug 18, 1933

That saw him alive on Aug 18, 1933 Death is said

to have occurred on the date stated above, at 2:10 m.

The principal cause of death and related causes of importance were as follows:

Accident by falling out of a tree

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease of injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis

Registration District No. 236

Township St. Louis

Primary Registration District No. 4143

City St. Louis (No. 1)

File No.

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No. Jacob Graham St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12 - 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 8 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 12 1885 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 19 33

22. I HEREBY CERTIFY, That I attended deceased from

to

Last saw him alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

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Where did injury occur?

(Specify city or town, county, and State)

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If so, specify

(Signed) M. D.

(Address)

S-26022